



Vermont Immunization Requirements

Guidance for Child Care Providers

October 2013



Introduction

The Vermont Department of Health Immunization Program is pleased to provide you with the 2013 Child Care Provider's Manual. Vermont law requires that all licensed and registered child care providers collect immunization records and submit to the Health Department a summary report showing the vaccination status of the children in your care.

This manual is designed to guide you through the process of collecting and reporting immunization information for children enrolled in your program. The updated manual is organized to help make this process as straightforward and simple as possible.

The Vermont Department of Health recognizes that children's immunization schedules are complicated, and we thank you for helping to ensure that Vermont's children are adequately protected from potentially harmful infectious diseases. Additional immunization information is available at the Health Department's website: www.healthvermont.gov. Click on the letter "I" in the A-Z listing and find **Immunization in Vermont**, then click on the **Child Care Entry** tab to your right. You can also reach Immunization Program staff at: immunizationprogram@state.vt.us, 802-863-7240 or **1-800-640-4374**.

The Basic Procedures

1. Obtain the child's personal immunization record.

Vermont law requires all parents with children entering a child care program to present an immunization record. The immunization record is usually given to parents by a child's health care provider, and it must list the **name of the individual immunization** and the **complete date (mm/dd/yyyy)** that the immunization was administered.

Which immunization records are acceptable for child care facilities?

- A record from the primary care provider, including an electronic health record.
- A record from any public health department.
- A record from Vermont or another state's Immunization Registry.
- A laboratory report of a titer indicating evidence of immunity to each disease for which immunization is required.

2. Complete the Vermont Child Care Immunization Checklist (optional).

We created this form to help you organize immunization records for all of the children in your care. It is a simple checklist that will be helpful to use when you are filling out other forms, but it is not required. You can place a checkmark in the boxes and attach an official record.

3. Check to be sure that the child's recorded immunizations match those listed on the schedule below.

The Centers for Disease Control and Prevention (CDC) publishes a vaccination schedule for all children beginning at birth. This schedule provides the best protection from vaccine-preventable diseases. The guide below is based on the CDC schedule and should be used to check each child's immunization record. All the children enrolled in your facility must be up-to-date with the required immunizations for their age. Parents should provide updated immunization records to you annually.

Which immunizations are required for entry into child care?

Age when enrolling:	Immunizations required:
2 – 3 months	1 each of DTaP, Hep B, Polio, Hib, PCV
4 – 5 months	2 each of DTaP, Hep B, Polio, Hib, PCV
6 – 14 months	3 each of DTaP, Hep B, Polio, Hib, PCV
15 – 17 months	3 each of DTaP, Hep B, Polio 1 each MMR, Varicella 1–4 doses each of Hib and PCV
18 months – 4 years	3 polio, 3 Hep B, 4 DTaP 1 each of MMR, Varicella 1–4 doses each of Hib and PCV

DTaP: diphtheria, tetanus, pertussis • Hep B: hepatitis B • polio • Hib: haemophilus influenzae
• Varicella: chickenpox • MMR: measles, mumps, rubella • PCV: pneumococcal

* Hepatitis A, rotavirus, and influenza vaccines are also strongly recommended, but not required.

How do I check the record?

- Determine the age of the child at the time of record review, and then use the chart above to determine which of the “Age when enrolling” groups the child is in.
- Review the “Immunization required” list and you will see the number of doses and type of vaccines required for that age.
- Count the number of doses on the immunization record to make sure the child has the required number of doses of vaccines shown on the chart.
 - *Haemophilus influenzae* type b (Hib) and pneumococcal (PCV) vaccines are special cases. If a child started late with those vaccines s/he may need fewer doses. For example, if a 12-month old child received only one dose of Hib prior to his/her first birthday, then two doses are still needed. This will add up to a total of 3 doses that are required for the 6-14 months group above.
- If a child has been infected with varicella (chicken pox), then he/she does not need to be vaccinated. In these cases, ask the parent to sign the Documentation of Varicella Disease for Child Care form and keep it on file.

Special Circumstances


- Some parents choose to follow a delayed or alternative schedule. This is strongly discouraged because it puts children (and people around them) at unnecessary risk for vaccine preventable diseases. One of the primary reasons parents choose an alternate schedule is the false belief that too many vaccines overwhelm the immune system and may lead to chronic health problems.

The Vermont Immunization Registry (IMR)

The Vermont Immunization Registry (IMR) is a computerized system for maintaining individual immunization records. The IMR can be helpful when collecting immunization records and assessing them, but it is not connected to the Annual Child Care Provider’s Immunization Survey. Child care providers wanting to use the IMR must sign a confidentiality agreement, obtain a username and password, and must also have the parent’s permission to search for a child’s record using the immunization registry. If interested, contact the Vermont Immunization Registry at 1-888-688-4667 or email the IMR staff at imr@state.vt.us for assistance.

4. If a parent wants to request an exemption, he/she must sign a form and file it in place of the immunization record.

- In Vermont, parents can request an exemption from vaccinating their children for three reasons: medical, religious and philosophical. **Medical Immunization Exemption form** -- some children cannot be vaccinated because of a medical condition such as an immune disease. In this case, the child's health care provider must sign a Medical Immunization Exemption form. The form must include the health care provider's reason for the medical exemption(s) and a date s/he expects the exemption to continue until. There are spaces on the Medical Immunization Exemption form where this information can be documented. Parents must file the form with you in place of an immunization record. You must also keep the child's name, date of birth, and type of exemption on a list or roster that includes all exempt children in your facility. See section 5 about use of the Listing of Provisional & Exempt Children (called the line list).

 VERMONT DEPARTMENT OF HEALTH	Medical Immunization Exemption Child Care and Schools												
<p>Vermont's Immunization Regulations apply to any child or student attending any licensed or registered child care facility, public or independent kindergarten, elementary and secondary schools. Before entry, children/students must have the required immunizations unless exempt for medical, religious, or philosophic reasons. In order to claim a medical exemption this form needs to be completed, signed by a medical provider and returned to the child care or school.</p> <p>A medical exemption may be utilized only when vaccine(s) is medically contraindicated. It should not be used:</p> <ul style="list-style-type: none">• When vaccine is not needed due to immunity (for instance a positive titer to measles, mumps and rubella, or history of chickenpox disease).• To circumvent vaccine recommendations of the Advisory Committee on Immunization Practices (ACIP), such as the minimum age, and/or interval between vaccine doses.													
<p>This document is being submitted on behalf of the following child or student:</p> <table style="width: 100%;"><tr><td style="width: 60%;">First and last name _____</td><td style="width: 40%;">Date of birth _____</td></tr></table>		First and last name _____	Date of birth _____										
First and last name _____	Date of birth _____												
<p>Check only the vaccine(s) that are medically contraindicated:</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> DTaP</td><td><input type="checkbox"/> Tdap</td><td><input type="checkbox"/> Polio</td><td><input type="checkbox"/> Hepatitis B</td></tr><tr><td><input type="checkbox"/> Measles</td><td><input type="checkbox"/> Mumps</td><td><input type="checkbox"/> Rubella</td><td><input type="checkbox"/> Varicella</td></tr><tr><td><input type="checkbox"/> Hib*</td><td><input type="checkbox"/> PCV*</td><td colspan="2"><input type="checkbox"/> Meningococcal**</td></tr></table> <p><small>* For children in child care **For residential/dormitory students</small></p>		<input type="checkbox"/> DTaP	<input type="checkbox"/> Tdap	<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib*	<input type="checkbox"/> PCV*	<input type="checkbox"/> Meningococcal**	
<input type="checkbox"/> DTaP	<input type="checkbox"/> Tdap	<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis B										
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<input type="checkbox"/> Hib*	<input type="checkbox"/> PCV*	<input type="checkbox"/> Meningococcal**											
<p>Reason for medical exemption(s): _____</p> <p>This exemption shall continue until: ____/____/____</p> <p>It is required that the child/student shall receive the vaccines for which they are exempted when the vaccine is no longer contraindicated.</p> <table style="width: 100%;"><tr><td style="width: 60%;">Print Name of Physician _____</td><td style="width: 40%;">Telephone (____) _____</td></tr><tr><td>Signature of Physician or Health Care Practitioner*** _____</td><td>Date ____/____/____</td></tr></table> <p><small>*** According to Vermont statute, only a health care practitioner licensed to practice in Vermont and authorized to prescribe vaccines may sign this exemption form.</small></p>		Print Name of Physician _____	Telephone (____) _____	Signature of Physician or Health Care Practitioner*** _____	Date ____/____/____								
Print Name of Physician _____	Telephone (____) _____												
Signature of Physician or Health Care Practitioner*** _____	Date ____/____/____												
<p>070113</p>													

5. List all children who are missing immunization(s), whose parents have filed a signed exemption and who are being provisionally admitted on the Listing of Provisional & Exempt Children (line list).

This form gives you a way to add up the number of provisional and exempt children, but you must use the correct exemption or missing immunization form in the child's file in place of an immunization record in order to properly document the status of individual children in your care.

Children who are admitted on a provisional basis are those in the process of complying with immunization requirements, but are missing one or more immunizations. Please see the following section on how to document missing immunization/s for individual children.

See page 11, (number 2) for detailed instructions on how to use this form.

Microsoft Excel - CC_LINE_LISTING.xls [Compatibility Mode]


LISTING of PROVISIONAL & EXEMPT CHILDREN											VERMONT DEPARTMENT OF HEALTH	
Facility Name: _____												
Year: _____												
Child's Name	Date of Birth	MISSING VACCINES							Child w/ Signed Exemption or Provisional Form			NOTES NOTES
		Hib	PCV	Hepatitis B	DTaP	Polio	MMR	Varicella	Medical	Philosophical/Religious	Provisional Admission	
Example child	8/15/2008				1						1	Appointment next week
Example child	3/17/2010	1	1	1	1	1	1	1	1			Parent signed forms
TOTALS		0	0	0	0	0	0	0	0	0	0	0

INSTRUCTIONS:
 Use "1" instead of "X" when using online version w/ formulas
 List children with missing vaccine doses & place a "1" in the correct (vaccine) column (left side of form)
 Indicate the reason for missing vaccine/s by placing a "1" in the correct column (right side of form)
 Children with signed exemptions should remain on the list
 Delete provisionally admitted students from the list when all vaccine doses are received

6. For children who have not received all the required immunizations for their age, you will need to provide the parent with a Notice of Missing Immunizations for Child Care.

As described in the previous section, these children are in the process of catching up on missing immunizations and will be provisionally admitted until they have received all required immunizations.

Circle the doses below to indicate which vaccines the child is missing. Parents can share this with their health care provider when they schedule an appointment for their child. You can remind parents that they are responsible for getting the required vaccines for their child within six months. Once a child has received a missing immunization, you should update your line list.

Notice of Missing Immunizations For Child Care	 VERMONT DEPARTMENT OF HEALTH
Child's Name: _____	
Immunization records show that your child may not be adequately immunized as required by the Immunization Regulations (18 V.S.A. § 1123).	
The dose/s circled below indicates vaccines needed for your child to meet child care immunization requirements. Please ensure your child has received required vaccines as soon as possible. If your child has received the circled dose/doses, please present an immunization record to the child care provider.	
The dose/doses circled below indicate what vaccine is needed for the child to meet state immunization requirements.	
Vaccine Type	Dose/Doses Needed
Hepatitis B (HBV or Hep B)	1 2 3
DTaP (Diphtheria, Tetanus, and Pertussis)	1 2 3 4
HIB (Haemophilus influenzae Type B)	1 2 3 4
PCV (Pneumococcal)	1 2 3 4
Polio (OPV or IPV)	1 2 3
MMR (Measles, Mumps, and Rubella)	1
Varicella (Chicken Pox)	1 or History of Disease

☐ There is no record of any immunizations on file for the child named above. Please submit a complete immunization record or exemption form to the child care provider immediately.

Print Name of Child Care Provider: _____
Signature of Child Care Provider: _____
Date: ____/____/____

7. Refer any children who are not fully immunized to their primary care provider. If they do not have a primary care provider, refer to the local district health office.

The State of Vermont is invested in childhood immunizations. The Health Department provides all recommended childhood vaccines to health care providers free of charge. If a family does not have health insurance, Dr. Dynasaur offers low-cost or free health insurance for children. Even children who are already covered by other insurance plans may qualify for extra benefits from Dr. Dynasaur. You may refer parents to Health Access Member Services for Green Mountain Care at 800-250-8427 or go to <http://www.greenmountaincare.org/> for more information.

8. Admit only those children who: (a) have met all the immunization requirements; or (b) will receive required vaccinations in the next 6 months; or (c) have a signed exemption on file.

According to the law, children must be immunized before they can be admitted to a licensed or registered child care program in Vermont. However, children with incomplete immunization records can be admitted provisionally for up to 6 months while their parents get them caught up with shots as previously described. Unimmunized children may also be admitted if a parent provides you with a signed exemption form. The line list should also be updated to indicate the children with a valid exemption on file.

9. If a child who was admitted on a provisional basis does not receive his/her required vaccines within 6 months, or have a signed exemption on file, you need to provide the parents with the Child Care Exclusion notice for Incomplete Immunizations.

You will need to inform parents of the specific date by which the child must receive the required vaccines or face exclusion. Prior to giving a parent this form you may verbally remind the parent that their child needs a required vaccine/s to continue to be admitted to your facility. Ideally those parents with children that were provisionally admitted have their child brought up-to-date with any missing immunizations and there is no need to discuss exclusion from the facility. If you need assistance working with parents whose child is subject to exclusion and are having difficulties, you should contact the Immunization Nurse at your nearest VDH District Office or contact the Immunization Program at 802-863-7240 or 1-800-640-4374.

Vaccine Type	Dose/Doses Needed
Hepatitis B (HBV or Hep B)	1 2 3
DTaP (Diphtheria, Tetanus, and Pertussis)	1 2 3 4
HIB (Haemophilus influenzae Type B)	1 2 3 4
PCV (Pneumococcal)	1 2 3 4
Polio	1 2 3
MMR (Measles, Mumps, and Rubella)	1
Varicella (Chicken Pox)	1 or history of disease

Sincerely,

Signature _____

01/2011

Vermont Department of Health • www.healthvermont.gov • Ph 1-800-640-4374

The Annual Child Care Provider's Immunization Survey

When do I need to complete the survey?

The annual report must be completed by January 1st of each year. This report is a collection of immunization information from all of the children in your child care facility on the day you complete the report. You are not reporting information about individual children. Instead, you will report collective data for all children ages birth through five years of age. Do not include any children who are enrolled in after-school programs, school (Kindergarten through 12th grade), non-recurring (short-term programs like day camp or other temporary programs) or legally exempt child care.

What paperwork do I need to complete the survey and how do I complete it?

1. To identify the immunization status of all children enrolled in your child care facility, you can obtain updated immunization information in two ways:
 - a. Request from parents a copy of updated immunization records. An immunization record may also be faxed or mailed to you directly from a health care provider's office or clinic. Refer to "The Basic Procedures" section on page 3 for all the acceptable types of immunization records, or:
 - b. With the parent's written permission, you may use the Vermont Immunization Registry (IMR) to review the child's current immunization status. Please contact the Vermont Immunization Registry (IMR) at 1-888-688-4667 or send an email to imr@state.vt.us for assistance.

Note: It is a state requirement that all providers enter immunizations given into the Vermont Immunization Registry. However, at this time there is not complete reporting from all health care providers.

2. For each record you receive where children are not up-to-date on immunizations, update the "Listing of Provisional & Exempt Children (page 7 shows the form).
 - a. Write in the name of your facility and the year at the top of the page. List the child/children in the rows provided along with their date of birth.
 - b. On the top left side of the form, you will see the heading "Missing Vaccines." Each of the required vaccines is listed in a separate column. You need to place a number "1" in the box (or cell if using the Excel spreadsheet) where the vertical column for the vaccine meets the horizontal row with the name of the child who is not fully vaccinated. To the right is "Child with Signed Exemption or Provisional Form." Please notice the philosophical and religious exemptions are combined in the same column, but medical exemption is a separate

column. Provisional admittance refers to children with incomplete records, which means that they do not yet have all the required immunizations. This is not the same as an exemption because the parent/guardian plans on getting their child immunized. In Vermont there is a six month time period to get the child up-to-date.

- c. At the bottom of the form, you need to add up all the number “1” marks you have entered for each vaccine. For example, you may have 3 children missing MMR, so a total of 3 should be indicated on the last row. You will need these missing vaccine totals for the survey. On the right you also add up the exemptions and the provisional admittance on the bottom row. You will also need these totals for the survey.

Once all missing vaccines are received for a provisionally admitted child, the name should be removed from the line list. Exempt children will remain on the line list.

What do I do after I complete my paperwork, take the survey?

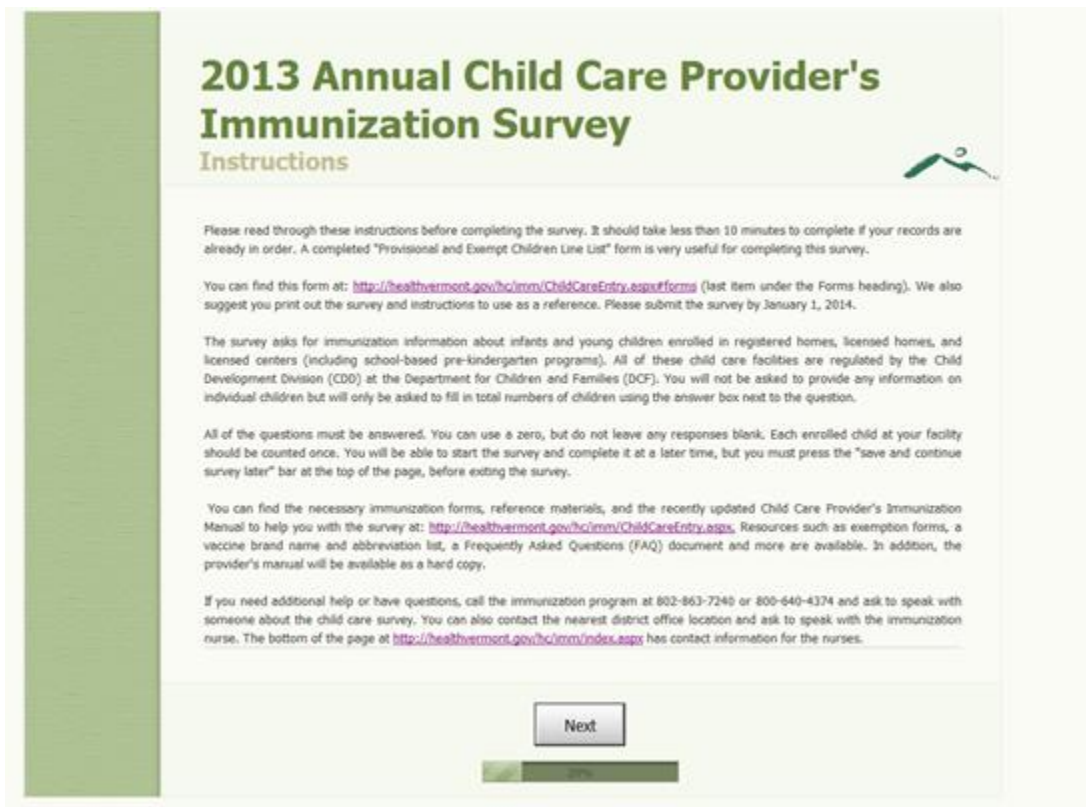
Child care providers are required to report data on the immunization status of all children enrolled in their facility. This should be received by the Vermont Department of Health (VDH) by January 1st of each year. VDH provides the format to report the immunization information, including the use of software like Survey Gizmo.

The survey is emailed to providers using a list of addresses provided by the Department for Children and Families (DCF). **Individual child care providers receive an email with their unique link to the survey.** For providers without email or access to a computer, a paper version is available by contacting the Immunization Program: immunizationprogram@state.vt.us or call 802-863-7240 or 800-640-4374.

You will complete eight questions using the online survey. You should print a copy of each page as you complete it for a record of your answers. You should also print the last page which states that you have completed this year's report.

Please read the instructions that are on the first page of the survey. It contains important information about how to complete the survey. Above all else, you must complete the entire survey and cannot leave any blank answers. If you have any question on the survey or assessing immunization records contact the Immunization Program at: immunizationprogram@state.vt.us or call 802-863-7240 or 800-640-4374, or the Immunization Nurse at your local VDH District Office location. Information about local district health offices can be found on the Health Department website http://www.healthvermont.gov/local/district/district_office.aspx

Instruction Page 1



2013 Annual Child Care Provider's Immunization Survey
Instructions

Please read through these instructions before completing the survey. It should take less than 10 minutes to complete if your records are already in order. A completed "Provisional and Exempt Children Line List" form is very useful for completing this survey.

You can find this form at: <http://healthvermont.gov/hc/imm/ChildCareEntry.aspx#forms> (last item under the Forms heading). We also suggest you print out the survey and instructions to use as a reference. Please submit the survey by January 1, 2014.

The survey asks for immunization information about infants and young children enrolled in registered homes, licensed homes, and licensed centers (including school-based pre-kindergarten programs). All of these child care facilities are regulated by the Child Development Division (CDD) at the Department for Children and Families (DCF). You will not be asked to provide any information on individual children but will only be asked to fill in total numbers of children using the answer box next to the question.

All of the questions must be answered. You can use a zero, but do not leave any responses blank. Each enrolled child at your facility should be counted once. You will be able to start the survey and complete it at a later time, but you must press the "save and continue survey later" bar at the top of the page, before exiting the survey.

You can find the necessary immunization forms, reference materials, and the recently updated Child Care Provider's Immunization Manual to help you with the survey at: <http://healthvermont.gov/hc/imm/ChildCareEntry.aspx>. Resources such as exemption forms, a vaccine brand name and abbreviation list, a Frequently Asked Questions (FAQ) document and more are available. In addition, the provider's manual will be available as a hard copy.

If you need additional help or have questions, call the immunization program at 802-863-7240 or 800-640-4374 and ask to speak with someone about the child care survey. You can also contact the nearest district office location and ask to speak with the immunization nurse. The bottom of the page at <http://healthvermont.gov/hc/imm/index.aspx> has contact information for the nurses.

Next

Please read the instructions, it is recommended that you make a copy to refer to as you take the survey.

2013 Annual Child Care Provider's Immunization Survey

Demographics



1. Today's date: Format: MM/DD/YYYY *



2. Name of Child Care Facility: *

3. Child Care Facility Contact information: *

Completed by:

Address:

Address 2:

City/Town:

State:

ZIP:

Email Address:


4. This Child Care Facility is...: (check all that apply) *

The last question of this page asks if your facility is licensed or registered. You will only be able to choose one answer.

Please fill in the name of your facility as you want to see it on the completion page which automatically picks up the name on this line.

2013 Annual Child Care Provider's Immunization Survey

Immunization Status Assessment



Total

6. What is the total number of children enrolled (age birth through preschool) in this Child Care Facility as of today? *

Breakdown

7. Breakdown of children into Categories *

1) Number of children up-to-date on immunizations for their current age:

2) Number of children who have been provisionally admitted (i.e. children who have not completed all vaccines for their age, but are in the process of being immunized):

3) Number of children with a philosophical exemption for one or more vaccines:

4) Number of children with a religious exemption for one or more vaccines:

5) Number of children with a medical exemption for one or more vaccines:

Back

Next

40%

The Listing of Provisional & Exempt Children (line list) that you have already filled out will have the numbers you need for this question

2013 Annual Child Care Provider's Immunization Survey
Children Missing Required Vaccines due to Exemption

- Refer to your completed "Provisional Exemption Line List"
- For each vaccine column (DTaP, polio, MMR, etc.) count all the missing vaccines for all listed children on the "Missing Vaccines" side of the line list. If you totaled each vaccine column at the bottom of the line list, just enter this number on the survey
- Enter a number for each question. If there are none, enter "0".

E. Number of children who have NOT been immunized against: *

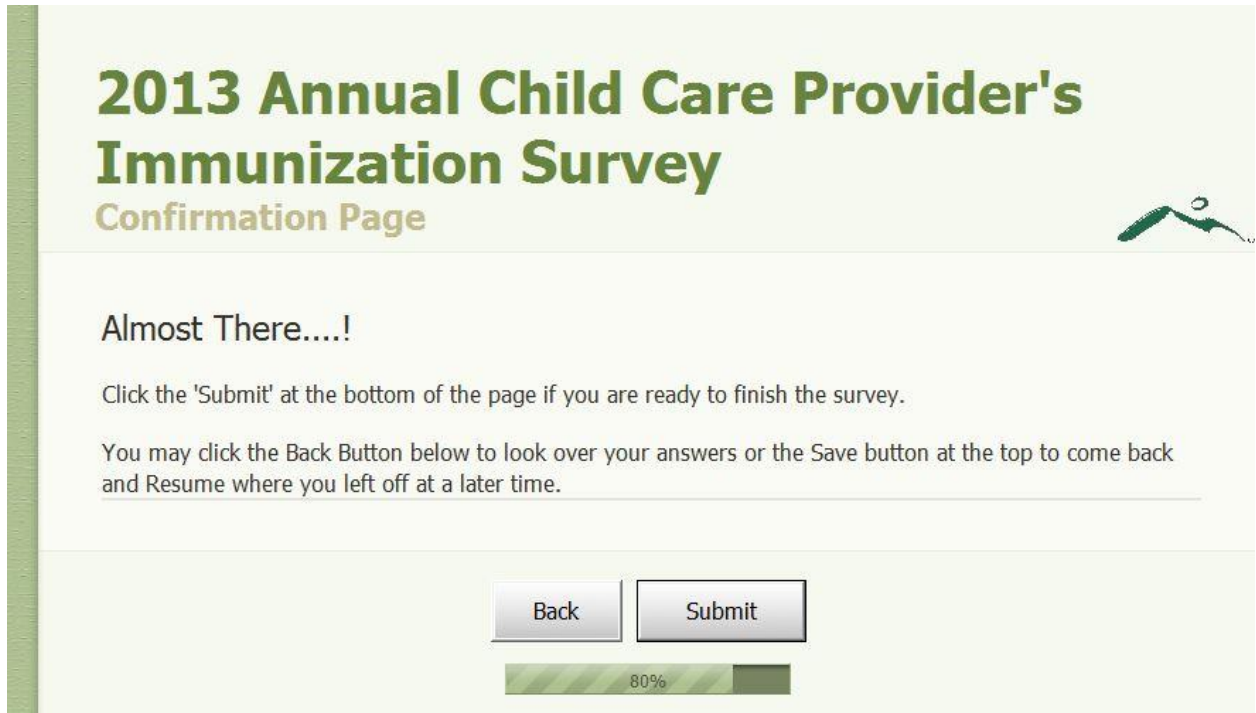
<input type="text" value="0"/>	DTaP (Diphtheria/Tetanus/Pertussis)
<input type="text" value="0"/>	IPV (Polio)
<input type="text" value="0"/>	MMR (Measles/Mumps/Rubella)
<input type="text" value="0"/>	Hib (Haemophilus influenzae type b)
<input type="text" value="0"/>	HepB (Hepatitis B)
<input type="text" value="0"/>	Varicella (Chicken pox)
<input type="text" value="0"/>	PCV (Pneumococcal)

Back Next

60%

The Listing of Provisional & Exempt Children (line list) that you have already filled out will have the numbers you need for this question on the Missing Immunizations side of the form.

Page 5 Submission Page



**2013 Annual Child Care Provider's
Immunization Survey**
Confirmation Page

Almost There....!

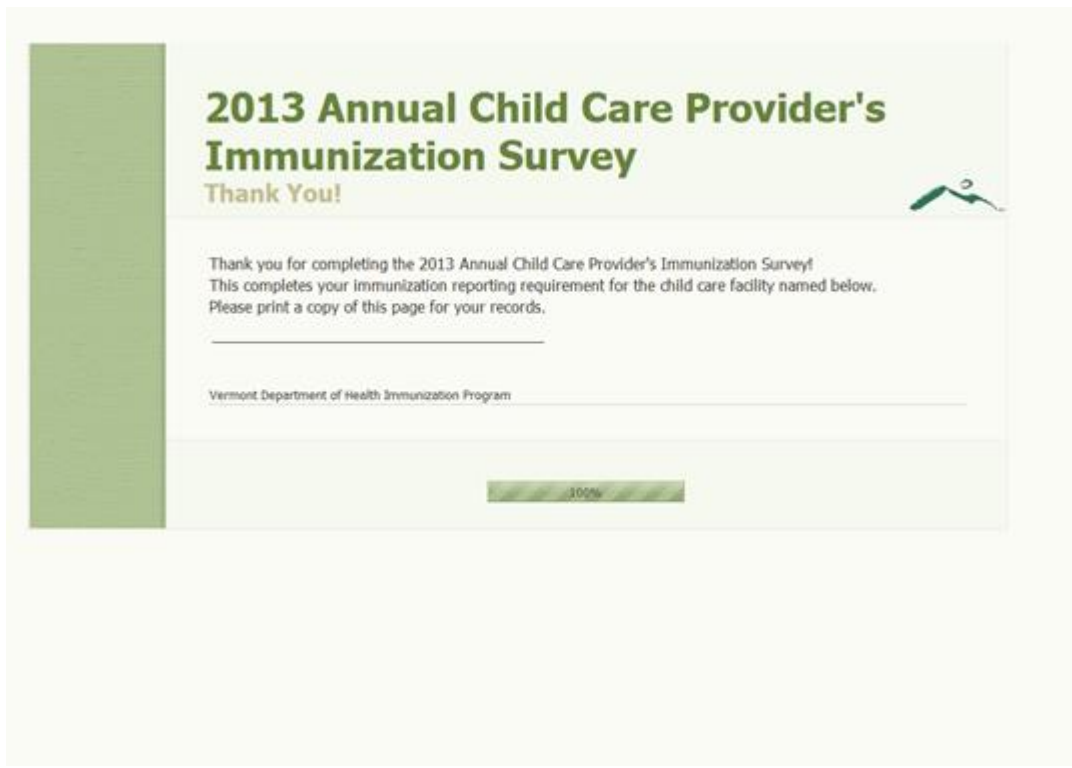
Click the 'Submit' at the bottom of the page if you are ready to finish the survey.

You may click the Back Button below to look over your answers or the Save button at the top to come back and Resume where you left off at a later time.

80%

This is a good place to review or change you answers if needed.

Page 6 Thank you



The screenshot shows a 'Thank You!' page for the 2013 Annual Child Care Provider's Immunization Survey. The page has a light green background with a darker green vertical bar on the left. The title '2013 Annual Child Care Provider's Immunization Survey' is in a bold, dark green font, with 'Thank You!' below it in a smaller, lighter green font. A small graphic of a mountain and sun is to the right. The main text reads: 'Thank you for completing the 2013 Annual Child Care Provider's Immunization Survey! This completes your immunization reporting requirement for the child care facility named below. Please print a copy of this page for your records.' Below this is a horizontal line for the facility name. At the bottom, it says 'Vermont Department of Health Immunization Program' and shows a progress bar at 100%.

**2013 Annual Child Care Provider's
Immunization Survey**
Thank You!

Thank you for completing the 2013 Annual Child Care Provider's Immunization Survey!
This completes your immunization reporting requirement for the child care facility named below.
Please print a copy of this page for your records.

Vermont Department of Health Immunization Program

100%

The actual last page is slightly different. Where you see the line, there will be the name of your facility as you indicated on question number 2.

Congratulations you have finished!!